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ABSTRACT

Under Part C of the Individuals with Disabilities Education Act (IDEA), participating states and jurisdictions must provide services to children who are either experiencing developmental delays, or who have a diagnosed condition that carries with it a high risk of developmental delay. Eligibility criteria used by the states influence the numbers and types of children receiving services, the types of services provided, and the cost of the early intervention system. This paper discusses how 50 states and 6 jurisdictions define developmental delay and summarizes their approaches to serving eligible children. It discusses the wide variability in the types of criteria states use to describe developmental delay and it identifies three categories of risk for adverse developmental outcomes used by many states. These include conditions of established risk, biological/medical risk, and environmental risk. Factors that may mediate the impact of risk factors are also noted, including temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences. The summary table lists the following for each state: level of developmental delay required for eligibility; whether at-risk infants and toddlers are served; and comments. (SG)

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NECTAS NOTES

STATE & JURISDICTIONAL ELIGIBILITY DEFINITIONS FOR INFANTS & TODDLERS WITH DISABILITIES UNDER IDEA

By

JO SHACKELFORD

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NECTAS notes

State and Jurisdictional Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA

by
Jo Shackelford

A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities, Part C under the Individuals with Disabilities Education Act (IDEA), is determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part C, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of having substantial developmental delays if early intervention services are not provided. *(See Figure 1 on page 2 for the statutory language relating to eligibility under Part C of the IDEA Amendments of 1997.)*

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. Over the years, several states have revised their definitions: some have narrowed their eligibility criteria and others have expanded them. Soon after the creation of the Early Intervention Program under IDEA, many states were interested in serving children at risk, but fears of highly increased numbers of eligible children and, therefore, highly increased costs, reduced the number of states that included children at risk in their eligibility definition. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how the 50 states and 6 jurisdictions that participate in the Part C program define developmental delay and, as applicable, at risk in their definition of eligibility for services. Table 1 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

Continued...

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The information in Table 1 was updated or confirmed in November 1999 by each state's or participating jurisdiction's Part C program coordinator. At that time, the eligibility definitions of 10 states and jurisdictions (Arkansas, California, Guam, Illinois, Maine, Minnesota, Nebraska, Nevada, Oregon, and the Virgin Islands) had changed significantly since the January 1998 edition of this paper.

Criteria for Definitions of Developmental Delay

Although the IDEA statute for Part C specifies the developmental areas that are to be included in states' definitions of developmental delay *(see Figure 1)*, states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part C reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or (c) delay as indicated by standard deviation below the mean on a norm referenced instrument — and qualitatively — such as delay indicated by atypical development or observed atypical behaviors. A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Brown & Brown, 1993). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there is an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the Part C regulations require that informed clinical opinion be included for eligibility determination (USDE, 1999; see 34 CFR §303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Biro, Daulton, & Szanton, 1991; Harbin et al., 1991). Several states determine eligibility only through informed clinical opinion.

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states

Figure 1
Definitions Related to Eligibility Under Part C of the IDEA Amendments of 1997

Under Part C of IDEA, states *must provide* services to any child "under 3 years of age who needs early intervention services" (20 U.S.C. §1432(5)(A)) because the child:

"(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as "an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual" (20 U.S.C. §1432(1)).

are conditions of established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA, eligible for services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The IDEA Amendments of 1997 encourage states "to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (20 U.S.C. §1431(b)(4)). The Amendments also allow states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (see 20 U.S.C. §1438(4)).

Conditions of Established Risk. IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)(ii)). These conditions include, but are not limited to, "chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders" (USDE, 1999; see 34 CFR §303.16, Note 1). Children in this category are eligible for services under Part C of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part C regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility.

Biological/medical risk. Because children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population, states may include them under the optional eligibility category of at risk. Examples of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. As with biological/medical risk, states are not required, but may chose to include children at environmental risk under the optional eligibility category of at risk. Examples of environmental risk factors that states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT's comprehensive evaluation is essential to determining eligibility and appropriate services.

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences

(Brown & Brown, 1993; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that choose to serve children who are eligible under optional at-risk categories use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when environmental and/or biological/medical risk factors also are present.

Summary of Part C Definitions

Table 1, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part C eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part C applications or from personal communication with Part C coordinators. The Table is divided into three categories: Level of Developmental Delay Required for Eligibility, Serving At-Risk, and Comments.

Level of Developmental Delay Required for Eligibility. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (20 U.S.C. §1432(5)(A)(i)).

Serving At-Risk. Whether or not a state has elected to serve at-risk children under its Part C program is indicated. If a state is serving only particular categories of at-risk (e.g., biological/medical risk and/or environmental risk), the eligible category as identified by the state is indicated. Please note that diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this Table.

Comments. This column provides several kinds of information. For those states that have elected not to serve at-risk under Part C, the intent to track, screen, or monitor this population or to study the feasibility of serving at-risk is described if the state has so indicated. Other relevant observations about a state's eligibility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NECTAS maintains files on states' Part C eligibility criteria and can provide updated information on request.

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Table 1:
State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2]

State	Level of Developmental Delay Required for Eligibility[3]	Serving At-Risk	Comments
Alabama	25% delay in one or more areas	NO	
Alaska	50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development	NO	Provide services to at-risk, based on available funding through the Infant Learning Program; collaborative efforts with Early Head Start, Healthy Families Alaska, and child care resource and referral agencies
American Samoa	25% delay in one area; or age delay, in months, as follows: 6 months: delay of 1.5 months or more 1 year: delay of 3 months or more 1.5 years: delay of 4.5 months or more 3 years: delay of 9 months or more or professional judgment	NO	Will provide follow-up to at-risk.
Arizona	50% delay in one or more areas	NO	If child is not eligible after evaluation, offer continued tracking of child's development with the Ages and Stages Questionnaire and assist family to identify needed community resources.
Arkansas[4]	25% delay in one or more areas	NO	
California[4]	Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion	YES (biological and environmental)	High risk due to a combination of two or more biological factors determined by MDT; high risk also exists when MDT determines that parent is a person with a developmental disability.
Colorado	Significant delay in one or more domains	NO	Part C will coordinate with other state and local efforts to assist children at risk.

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
3. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law
4. This state's or jurisdiction's eligibility definition has changed significantly since the January 1998 edition of this paper.

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Connecticut	As measured on a standardized test, greater than 2 SD in one area; greater than 1.5 SD in two areas; or informed clinical opinion of that degree of delay for children who cannot be tested.	NO	Track monitor and re-refer children found not eligible. Two lists of diagnosed conditions: List 1 conditions result in automatic eligibility. List 2 conditions also require some evidence (1.5 SD below the mean in one area of development) of delay. Children with 2 SD delay in expressive language only may be eligible if combined with a biological risk factor.
Delaware	25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean.	NO	List of established conditions. Track children at risk.
District of Columbia	50% delay in one or more areas; informed clinical opinion	NO	
Federated States of Micronesia — Currently not eligible for this federal program.			
Florida	Corrected for gestational age for first 24 months of age; 1.5 SD in one area or 25% delay in months in one area; atypical functioning documented by qualified professionals from two or more disciplines	NO	
Georgia	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion only when no appropriate standardized measure is available	NO	Extensive annotated list of established physical/mental conditions
Guam[4]	2 SD in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion	YES (biological and environmental)	Extensive list of established physical, mental conditions. List of environmental risk conditions; eligibility requires five or more environmental risk factors.
Hawai'i	MDT consensus; no level of SD or % delay specified	YES (biological and environmental)	Documented biological risk. Environmental risk is documented by interim care coordinator.

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
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Issue No. 5 (revised) NECTAS Notes April 2000

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Idaho	30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion	NO	Screens and tracks at-risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." Extensive list of established conditions.
Illinois[4]	30% delay in one or more areas; informed clinical opinion by MDT including clinical observations and parent participation	NO	List of established medical conditions
Indiana	1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas; informed clinical opinion	YES (biological)	Eight biological risk factors defined. Only one risk factor necessary for eligibility.
Iowa	25% below age in one or more areas; professional judgment of an MDT or a known condition with a high probability of resulting in later delays in development	NO	
Kansas	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment	NO	Tracking, monitoring, and serving at-risk are based on local discretion and funding.
Kentucky	2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment if atypical development or in absence of standardized measures	NO	List of established conditions.
Louisiana	Delay in one or more areas, determined by MDT, including family, based on multisource data; team decision-making process operationally defined	NO	List of established conditions
Maine[4]	For birth through 2 years as measured by both diagnostic instruments that are criterion-based or norm-referenced and appropriate procedures; delay in one or more areas with delay being such that the child needs early intervention services	NO	
Marshall Islands — Currently not eligible for this federal program.			

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
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4. This state's or jurisdiction's eligibility definition has changed significantly since the January 1998 edition of this paper.

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1,2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Maryland	25% delay in one or more areas; atypical development/ behavior	NO	Track and refer at-risk.
Massachusetts	Guideline: Developmental delay in one or more area: Age 6 months — 1.5 months delay Age 12 months — 3 months delay Age 18 months — 4 months delay Age 24 months — 6 months delay Age 30 months — 6 months delay	YES (biological and environmental)	Eligibility requires presence of five or more risk factors from either of two lists of child or family characteristics (operationally, presence of four risk factors required for eligibility).
Michigan	Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure (standardized developmental test, inventory, or behavioral checklist).	NO	At-risk not entitled to services under Part C, but local service areas may choose to serve this population. Biological and environmental risk factors described; children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors.
Minnesota[4]	A composite score of 1.5 SD in one area or if less than 18 months of age, a delay in motor development demonstrated by a composite score of 2.0 SD; and need for instruction and services supported by at least on documented, systematic observation in the child's daily routine setting; and corroboration of developmental evaluation or medical diagnosis with a developmental history and at least one other evaluation procedure which may include parent report, language sample, criterion-referenced instruments or developmental checklists	NO	Track and refer at-risk children.
Mississippi	1.5 SD or 25% delay in one or more areas; informed clinical opinion	NO	Will track and refer at-risk children.
Missouri	50% delay in one area or atypical development; professional judgment	NO	Extensive list of established conditions.

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
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4. This state's or jurisdiction's eligibility definition has changed significantly since the January 1998 edition of this paper.

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Montana	50% delay in one area or 25% delay in two areas; informed clinical opinion	NO	Lists professionals qualified to assess each developmental area. Children at risk are served under the state-funded Family and Education Support discretionary program.
Nebraska[4]	2.0 SD below the mean in one area; 1.3 SD below the mean in two areas or informed clinical opinion of qualified professionals in consultation with the family	NO	The terms "informed clinical opinion" and "defined qualified professionals" are defined.
Nevada[4]	50% delay in one area or 25% delay in two areas, adjusted for gestational age less than 36 weeks	YES (biological and environmental)	Biological risk: history of prenatal, neonatal or early development events suggestive of biological insults to the developing central nervous system which increase the probability of later atypical development. Environmental risk: mother is 15 years old or less.
New Hampshire	Atypical behaviors documented by qualified personnel and the family; or 25% delay in one or more areas	YES (biological and environmental)	At risk means child is experiencing five or more conditions, events, or circumstances affecting the child or parent. List included.
New Jersey	33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months	NO	Legal requirement to report children with birth defects to special child health registry and case management
New Mexico	25% delay in one area after correction for prematurity	YES (biological and environmental)	Biological/medical and environmental at-risk.
New York	1) 12 month delay in one area, or 2) 33% delay in one area or 25% delay in two areas, or 3) 2 SD in one area or 1.5 SD in two areas, or 4) informed clinical opinion by MDT	NO	

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
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4. This state's or jurisdiction's eligibility definition has changed significantly since the January 1998 edition of this paper.

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
North Carolina	1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development	YES (biological and environmental)	At-risk called High Risk Potential and requires three risk indicators. Atypical development defined, including "substantiated physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being."
North Dakota	50% delay in one area; 25% delay in two or more areas; informed clinical opinion.	NO	
Northern Mariana Islandss	25% delay in one or more developmental domains; or a child born with a chromosomal or metabolic condtion that presents a high probability of a delay; clinical opinion of team members.	NO	
Ohio	Child has not reached developmental milestones for chronological age in one or more areas — a "measurable delay" (at least two standardized tools or measures); or informed clinical opinion	NO	List of established, biological, and environmental risk factors. Children at risk served through Ohio Early Start, an initiative of Ohio Family and Children First.
Oklahoma	50% delay in one area; 25% delay in two or more areas	NO	List of established conditions; child is eligible if condition appears on list; if condition is not on list, child is evaluated for developmental delay; if child does not exhibit delay consistent with eligibility criteria, decision is referred to state-level medical review committee.
Oregon[4]	2 SD in one area; 1.5 SD in two or more areas; or meets the criteria for one of the disability categories in Oregon Administrative Rule (OAR) 581-015-0051	NO	
Palau — Currently not eligible for this federal program.			
Pennsylvania	25% delay or 1.5 SD in one area; informed clinical opinion	NO	Children at risk are eligible for tracking and periodic screening. Defines at risk.

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
3. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law
4. This state's or jurisdiction's eligibility definition has changed significantly since the January 1998 edition of this paper.

Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Puerto Rico	Quantitative and qualitative criteria listed for each area. *Growth development deviations*: percentiles specified *Motor skills*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays *Visual and hearing impairment*: clinical judgment *Cognitive*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors *Communication*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion *Social-Emotional*: informed clinical opinion *Adaptive*: informed clinical opinion	NO	Tracking children at risk and periodic follow-up at at-risk-clinics; mostly medical (biological) risk factors.
Rhode Island	25% delay and/or 2.0 SD in one or more areas; 1.5 SD in two areas; or clinical opinion — significant and observable atypical behaviors	NO	Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered guidelines for eligibility.
South Carolina	2.0 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion; correction for prematurity for infants born at less than 38 weeks gestation made until age 2 years	NO	Table of established conditions with diagnostic criteria for eligibility. Specific guidelines for speech delays and hearing impairment included

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Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
South Dakota	25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas	NO	
Tennessee	25% delay in two or more areas; 40% delay in one area; informed clinical opinion	NO	List of established conditions.
Texas	Atypical development or delay in one or more areas (specific level of delay determined by test performance): Ages 2 months or less — documented atypical behaviors Ages 2-12 months— 2-month delay in one area; Ages 13-24 months— 3-month delay in one area; Ages 25-36 months — 4-month delay in one area	NO	Adjustment for prematurity up to 12 months; may not adjust for more than 2 months prematurity; criteria for atypical development included.
Utah	More than 2.0 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two areas; more than 1.0 SD or below 16th percentile in three areas; clinical opinion	NO	Tracking and monitoring at-risk. List of established conditions.
Vermont	Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input	NO	List of conditions at high probability for developmental delay. Exit criteria listed.
Virgin Islands[4]	25% delay in one or more areas, standardized test scores of 1.5 SD below norm, or documented informed clinical opinion	NO	Criteria defined for informed clinical opinion. List of established conditions. Part C funds may be used to identify, evaluate and refer infants and toddlers at risk. Given available funds, periodic follow-up may be provided to determine if eligibility status has changed.
Virginia	25% delay in one area or atypical development; informed clinical opinion	NO	Tracking system for infants at high risk is currently being redesigned for statewide expansion. Atypical development defined. List of established conditions.

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
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Table 1: State and Jurisdictional Eligibility Definitions Under Part C of IDEA[1, 2], *continued*

State	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Washington	1.5 SD or 25% delay in one area; criteria listed for hearing and vision impairment	NO	Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/ assessments. If this child is determined not to be eligible, FRC services are no longer continued. List of established conditions
West Virginia	A substantial developmental delay or atypical development in one or more areas, determined by a MDT including parents, and supported by observation, measurement, and/or clinical judgment.	YES (biological and environmental)	List of established conditions; at-risk category requires at least four risk factors; list of risk factors included.
Wisconsin	25% delay or 1.3 SD in one area; or atypical development as determined by MDT with informed clinical opinion.	NO	Atypical development defined. Established conditions determined by MDT with physician report. Examples of established conditions provided in state rule.
Wyoming	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

1. Source: Survey of Part C Coordinators; definition from most recent OSEP-approved application
2. *Note:* Diagnosed physical or mental condition with high probability of resulting in developmental delay, commonly referred to as "established conditions," is an eligibility category required under Part C and, thus, is not included in this table
3. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law
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